



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Opportunities Unlimited, Inc.	Region(s):	2
Agency Type:	Residential Habilitation	Survey Dates:	May 10, 2016 to May 12, 2016
Certificate(s):	RHA-200; RHA-202; RHA-733	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.202.02. 202.ADMINISTRATOR. 02. Absences. The administrator must designate, in writing, a qualified person to perform the functions of the administrator to act in his absence. (3-20-04)	In review of agency documentation and policies and procedures, there is no written designation of a qualified person to perform the functions of the administrator to act in her absence.	1. <i>Policy and procedure added to address this.</i> 2. <i>Current administer put in writing who is and will act as administer during their absence.</i> 3. <i>Administrator</i> 4. <i>P&P will be reviewed annually and revised as necessary</i>	5/17/2016
16.04.17.301.02. 301. PERSONNEL. 02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)	In review of documentation the following was found: For participant #3, the DD medical care form identifies that participant #3 requires assistance with medication. Further, participant #3's ISP states that the agency will assist and monitor medications. Based on file review and interview with staff #7 and participant #3 participant takes her medication without any supervision. Due to	1. <i>Participant is now scheduled with a staff who has taken the Med assistance course during the time she needs her medication and assistance and monitoring of the participant taking her medications is being performed as stated in the ISP.</i> 2. <i>No other participants were affected</i>	5/16/2016



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	the evaluation that she cannot self-administer and the plan stating the agency would supervise, staffing must be arranged to assist with medications.	<ol style="list-style-type: none"> 3. Administrator and QIDP 4. QIDP will monitor data to ensure assistance is provided per the plan. 	
16.04.17.302.04. 302.SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	Policy and procedure incorrectly gives staff trained with assistance with medication the ability to administer medications. Further there are potential issues of participants self-administering medication where assistance with medications is indicated. Participant #3 evaluation and plan identify that participant #3 needs assistance with medication. Participant #1 has 2 different evaluations with one indicating she does require assistance with medications and the current stating she does not. However, communications and interview with Participant #1 state she is being assisted through cuing and monitoring of medications without documentation due to the evaluation that she can self-administer.	<ol style="list-style-type: none"> 1. Policy and procedure revised to clearly state staff are assisting, not administering medications. No administration was occurring in practice. 2. No other participants were affected. 3. Administrator & QIDP/PC 4. QIDPs and DSs to receive further training on "Self-Administration of medication". 	6/8/2016
16.04.17.405.03. 405. The residential habilitation agency must develop and implement written policies and procedures including definitions that	In review of policies and procedures, it was identified that the policy does not address no punishment to match rule.	<ol style="list-style-type: none"> 1. Policy and participant rights revised to include required language. 2. No participants were affected 3. Administrator & QIDP 	5/16/2016



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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prohibit mistreatment, neglect or abuse of the participant to include at least the following: 03. No Punishment. Employees or contractors of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet. (3-29-12)		4. P&P will be reviewed annually and revised as necessary	

Agency Representative & Title: Tammy McCafferty, Administrator/Program Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 5/26/2016
Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: